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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required)	Attorney Docket Number	014881-000721
	First Named Inventor	Manfred Geier
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**INCREMENTAL GEAR FOR BAR CLAMP**

(Title of the Invention)

the specification of which

☐ is attached hereto

AND

☒ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP2004/008640	WO	08/02/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103 35 353.4	DE	08/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103 35 354.2	DE	08/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103 35 365.8	DE	08/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103 35 352.6	DE	08/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103 35 351.8	DE	08/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto.

[Page 1 of 3]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**DECLARATION – Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	24,239	OR	<input type="checkbox"/> Correspondence address below
<b>Name</b>					
<b>Moore &amp; Van Allen</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
		<b>919-286-8000</b>		<b>919-286-8199</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name (first and middle [if any])</b>			<b>Family Name Or Surname</b>		
<b>Manfred</b>			<b>Geier</b>		
<b>Inventor's Signature</b>				<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
<b>Puchheim</b>				<b>Germany</b>	
<b>Mailing Address</b>					
<b>Nordendstraße 24</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Puchheim</b>				<b>82178</b>	
				<b>Germany</b>	
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name (first and middle [if any])</b>			<b>Family Name Or Surname</b>		
<b>Ralf</b>			<b>Strauß</b>		
<b>Inventor's Signature</b>				<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
<b>Nümbrecht</b>				<b>Germany</b>	
<b>Mailing Address</b>					
<b>Im Grund 29</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Nümbrecht</b>				<b>51588</b>	
				<b>Germany</b>	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <<TEXT>> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Phil		Reed	
Inventor's Signature			Date
South Yorkshire		England	British
Residence: City	State	Country	Citizenship
196 Spring Vale Road, Sheffield			
Mailing Address			
City South Yorkshire	State	ZIP S63NU	Country England
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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